

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

U.S. NATIONAL STAGE FEES		
BASIC FEE		
EXAMINATION FEE		
SEARCH FEE		
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	minus 20 = *	
INDEPENDENT CLAIMS	minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE

OR

OTHER THAN
SMALL ENTITY

RATE	Fee
BASIC FEE	
EXAM. FEE	
SEARCH FEE	
X \$ 125 =	
X \$ 25 =	
X \$ 100 =	
+\$ 180 =	
TOTAL	

OR

RATE	Fee
BASIC FEE	
EXAM. FEE	
SEARCH FEE	
X \$ 250 =	
X \$ 50 =	
X \$ 200 =	
+\$ 360 =	
TOTAL	

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	*	Minus	**	=
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X \$ 25 =	
X \$ 100 =	
+\$ 180 =	
TOTAL ADDIT. FEE	

OR

RATE	ADDI- TIONAL FEE
X \$ 50 =	
X \$ 200 =	
+\$ 360 =	
TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	*	Minus	**	=
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>

RATE	ADDI- TIONAL FEE
X \$ 25 =	
X \$ 100 =	
+\$ 180 =	
TOTAL ADDIT. FEE	

OR

RATE	ADDI- TIONAL FEE
X \$ 50 =	
X \$ 200 =	
+\$ 360 =	
TOTAL ADDIT. FEE	

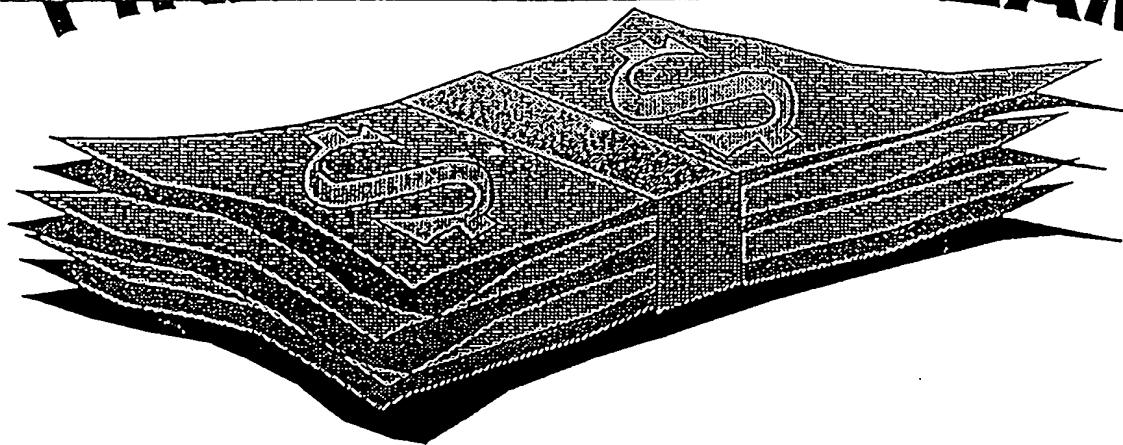
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SPECIAL REQUEST FOR FINANCE/RAM TEAM



TO: PCT RAM TEAM CP2/5TH FLOOR

PLEASE PROCESS THE FOLLOWING ADJUSTMENTS:

FROM

TO

CODE

1632

FEES AMOUNT

500.

CODE

1642

FEES AMOUNT

400

ER:

THE ORIGINAL METHOD OF PAYMENT WAS

CHARGE VOUCHER IS ATTACHED TO CHARGE / REFUND

ADDITIONAL FEES

BY A CHECK

OTHER: _____

BY A CHARGE TO DEPOSIT ACCOUNT NO. 50-2041

REQUESTED BY: Terry M. Johnson DATE: _____

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6/28/2025

2 Serial/Patent # 10/521023

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ 100
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

7 TOTAL AMOUNT OF REFUND \$ 100

8 TO BE REFUNDED BY:

10 REASON:

Treasury Check

Overpayment

Credit Deposit A/C #:

Duplicate Payment

9 50-2041

No Fee Due (Explanation):

Rate change - 08 Dec 2004

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

SIGNATURE: Berry M. Johnson

TITLE: Supervisor

PHONE: 703-308-9140

OFFICE: DOL/ED

X221

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B